Type or print in ink. Amounts may be rounded to whole dollars.

LATE CONTRIBUTION REPORT

NAME OF FILER Reform California - Yes on 6			Date of This Filing10/31/2018	Date Stamp	CALIFORNIA FORM 497
AREA CODE/PHONE NUMBER (619)806-0698	I.D. NUMBER (if applicable) 1268914		Report NoLCR-20181030		For Official Use Only
STREET ADDRESS			Amendment to Report No.	Page 1 of 5	
CITY San Diego	STATE CA	ZIP CODE 92119	(explain below) No. of Pages5		

Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/2018	Helen LeBrett Healdsburg, CA 95448	IND COM OTH PTY SCC	Bookkeeper Custom Cover Inc	\$2,500.00
10/26/2018	Marilyn Lopez Trabuco Canyon, CA 92679	IND COM OTH PTY SCC	Retired N/A	\$250.00
10/30/2018	Marilyn Lopez Trabuco Canyon, CA 92679	IND COM OTH PTY SCC	Retired N/A	\$2,000.00

*Contributor Codes	
IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

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STREET ADDRESS			Amendment to Report No.	Page 2 of 5	
CITY San Diego	STATE CA	ZIP CODE 92119	(explain below) No. of Pages5		
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/30/2018	David Schreck Poway, CA 92064	IND COM OTH PTY SCC	Retired N/A	\$5,000.00
10/03/2018	David Schreck Poway, CA 92064	IND COM OTH PTY SCC	Retired N/A	\$500.00
09/20/2018	Frank Smith Pomona, CA 91768	IND COM OTH PTY SCC	Contractor Frank S Smith Masonry Inc	\$250.00

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Reason for Amendment:

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STREET ADDRESS	,		Amendment to Report No.	Page 3 of 5	
CITY San Diego	STATE CA	ZIP CODE 92119	(explain below) No. of Pages5		

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DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/05/2018	Frank Smith Pomona, CA 91768	IND COM OTH PTY SCC	Contractor Frank S Smith Masonry Inc	\$200.00
10/30/2018	Frank Smith Pomona, CA 91768	IND COM OTH PTY SCC	Contractor Frank S Smith Masonry Inc	\$100.00
09/01/2018	Frank Smith Pomona, CA 91768	IND COM OTH PTY SCC	Contractor Frank S Smith Masonry Inc	\$250.00

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IND - Individual COM - Recipient Committee (other than PTY or SCC) OTH - Other	PTY - Political Party SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

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AREA CODE/PHONE NUMBER (619)806-0698	I.D. NUMBER (if applicable 1268914)	Report NoLCR-20181030		For Official Use Only
STREET ADDRESS	<u>'</u>		Amendment to Report No.	Page 4 of 5	
CITY San Diego	STATE CA	ZIP CODE 92119	(explain below) No. of Pages5		
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Late Contribution(s) Received

DATE RECEIVED	FULL NAME, MAILING ADDRESS AND ZIP CODE OF CONTRIBUTOR (IF COMMITTEE, ALSO ENTER I.D. NUMBER)	CONTRIBUTOR CODE *	IF AN INDIVIDUAL ENTER OCCUPATION AND EMPLOYER (IF SELF-EMPLOYED, ENTER NAME OF BUSINESS)	AMOUNT RECEIVED
10/16/2018	Frank Smith Pomona, CA 91768	IND COM OTH PTY SCC	Contractor Frank S Smith Masonry Inc	\$250.00
10/30/2018	The Lincoln Club of the Coachella Valley PALM DESERT, CA 92660 ID# 941930	☐ IND ■ COM □ OTH □ PTY □ SCC		\$5,000.00
		☐ IND ☐ COM ☐ OTH ☐ PTY ☐ SCC		

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IND - Individual	PTY - Political Party
COM - Recipient Committee (other than PTY or SCC) OTH - Other	SCC - Small Contributor Committee

Reason for Amendment:

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LATE CONTRIBUTION REPORT

NAME OF FILER Reform California - Yes on 6				Date of This Filing10/31/2018	Date Stamp	CALIFORNIA 497
AREA CODE/PHONE NUMBER (if applicable) (619)806-0698 1.D. NUMBER (if applicable) 1268914			Report NoLCR-20181030	Page 5 of 5	For Official Use Only	
STREET ADDRESS					Amendment to Report No.	
CITY San Diego	TY STATE ZIP CODE CA 92119		ZIP CODE 12119	(explain below) No. of Pages5		
Late Contri	bution(s) Made					
DATE MADE		FULL NAME, MAILING ADDRESS AND ZIP CODE OF RECIPIENT (IF COMMITTEE, ALSO ENTER I.D. NUMBER)		CANDIDATE AND OFFICE OR MEASURE AND JURISDICTIC	AMOUNT OF CONTRIBUTION	

Reason for Amendment: